

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	213553945		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>UNIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>LAURA B TERRY</b>  <b>UVA DARDEN SCHOOL FOUNDATION</b>  <b>100 DARDEN BLVD</b>   <b>CHARLOTTESVILLE, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>ALBEMARLE COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: <b>12/31/2013</b></p> <p>SCC ID NO: <b>00659268</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
CLASS	AUTHORIZED			
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: PO BOX 7263</p> <p style="margin-left: 40px;">CITY/ST/ZIP: CHARLOTTESVILLE, VA 22906</p>				
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LAURA B. TERRY  TITLE: TREASURER/CFO  ADDRESS: PO BOX 7263  CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906-7263 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LAURA B. TERRY TITLE: TREASURER/CFO ADDRESS: PO BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906-7263	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: LAURA B. TERRY TITLE: TREASURER/CFO ADDRESS: PO BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906-7263	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PHILIP W. KNISELY  TITLE: CHAIRMAN  ADDRESS: PO BOX 7263  CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906-7263 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PHILIP W. KNISELY TITLE: CHAIRMAN ADDRESS: PO BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906-7263	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PHILIP W. KNISELY TITLE: CHAIRMAN ADDRESS: PO BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906-7263	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LOCKE W. OGENS  TITLE: SECRETARY/EXDIR  ADDRESS: P.O. BOX 7263  CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LOCKE W. OGENS TITLE: SECRETARY/EXDIR ADDRESS: P.O. BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LOCKE W. OGENS TITLE: SECRETARY/EXDIR ADDRESS: P.O. BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: W.L. LYONS BROWN III  TITLE: DIRECTOR  ADDRESS: P.O. BOX 7263  CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: W.L. LYONS BROWN III TITLE: DIRECTOR ADDRESS: P.O. BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: W.L. LYONS BROWN III TITLE: DIRECTOR ADDRESS: P.O. BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT F. BRUNER  TITLE: DIRECTOR  ADDRESS: P.O. BOX 7263  CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ROBERT F. BRUNER TITLE: DIRECTOR ADDRESS: P.O. BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT F. BRUNER TITLE: DIRECTOR ADDRESS: P.O. BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: G. DAVID CHEEK  TITLE: DIRECTOR  ADDRESS: P.O. BOX 7263  CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906 </td> <td style="width: 50%; text-align: right; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: G. DAVID CHEEK TITLE: DIRECTOR ADDRESS: P.O. BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: G. DAVID CHEEK TITLE: DIRECTOR ADDRESS: P.O. BOX 7263 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME:	JAMES SU-TING CHENG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	JAMES A. COOPER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	VIDYANIDHI DALMIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	MICHAEL A. DECOLA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	KAREN K. EDWARDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	LOUIS G. ELSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	JOHN D. FOWLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	DONALD W. GOODMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	EDWIN B. HOOPER III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	ROBERT J. HUGIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	MARTINA T. HUND-MEJEAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		

NAME:	WILLIAM I. HUYETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	LEMUEL E. LEWIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	LUANN J. LYNCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	JOHN G. MACFARLANE III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	CAROLYN S. MILES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	MARSHALL N. MORTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	MICHAEL O'NEILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	RICHARD M. PASCHAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	LEWIS F. PAYNE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	SCOTT A. PRICE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	GARY ROUGHEAD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		

NAME:	FRANK M. SANDS SR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	JOHN D. SIMON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	HENRY F. SKELSEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	JOHN R. STRANGFELD JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	TERESA A. SULLIVAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	GEORGE S. TAHIJA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	WILLIAM P. UTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	THOMAS R. WATJEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	ROGER L. WERNER JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	ELIZABETH K. WEYMOUTH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		
NAME:	SUSAN CHAPLINSKY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 7263		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22906		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARNOLD B. EVANS DIRECTOR P.O. BOX 7263 CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHERINE J. FRIEDMAN DIRECTOR P.O. BOX 7263 CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIRSTI A. GOODWIN DIRECTOR P.O. BOX 7263 CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GORDON GRAND III DIRECTOR P.O. BOX 7263 CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS T. MOORE DIRECTOR P.O. BOX 7263 CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ZHIYUAN PENG DIRECTOR P.O. BOX 7263 CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK M. SANDS JR. DIRECTOR P.O. BOX 7263 CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN SOBBOTT DIRECTOR P.O. BOX 7263 CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE R. THOMPSON DIRECTOR P.O. BOX 7263 CHARLOTTESVILLE, VA 22906	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LAURA B. TERRY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LAURA B. TERRY, TREASURER/CFO PRINTED NAME AND CORPORATE TITLE	11/8/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			